

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0027694

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 206  
FILED AUG 11 1964

Primary Registration District No. 3042

Registrar's No. 70

VS 300  
Rev. 4/59

1 0621

2 1110

3

4 1

5 0

6

7 1

8 2

9 4/16x

10

11

12 1-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Madison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fredericktown</b>		c. CITY OR TOWN <b>Patterson</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Madison County Memorial Hospital</b>		d. STREET ADDRESS - - - - (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Bessie Mae Sisson</b>			4. DATE OF DEATH Month Day Year <b>August 3, 1964</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-8-1900</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Illinois State Health Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	9. AGE (last birthday) <b>63</b>
13a. FATHER'S NAME <b>Samuel F. Sisson</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie P. Montgomery</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
17. INFORMANT <b>Vergil Sisson; Patterson, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute heart failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic heart failure</b> DUE TO (c) <b>Rheumatic heart disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>30 July '64</b> to <b>3 August '64</b> and last saw her/him alive on <b>3 August '64</b> Death occurred at <b>11:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Bryan A. Michaelis, M.D.</b>		22b. ADDRESS <b>Fredericktown, Mo.</b>	22c. DATE SIGNED <b>4 Aug 64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-5-1964</b>	23c. NAME OF CEMETERY OR CREMATORY <b>White Church Cemetery</b>	23d. LOCATION (City, town, or county) <b>Princeton, Indiana</b>
24. FUNERAL DIRECTOR <b>Sam Najim, Jr.</b>		25. DATE RECD. BY LOCAL REG. <b>8-4-1964</b>	26. REGISTRAR'S SIGNATURE <b>Charles Broome Jr. per mda</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 12 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert L. Seabough*

Licensed Embalmer No. 5276

P. O. Address

Fredricktown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.